PATENT APP	LICATION	FEE DETERI	MINATION BI	COBP	Apr	licatio	n or Doc	kel Number	
		s october 1, 5	. 6003	COND		/			٠.
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TOTAL CLAIMS		(Column 1) (Column 2)		SM	ALL ENT	ĺτγ		THER TH	
					PE	)	OR SI	MALL ENT	AN ITY
FOR		NUMBER FILED		_		FEE	T -	Amb	E
OTAL CHARGEABLE CLAIMS		-	NUMBER EXTRA	BAS	IC FEE 3	35.00	OR BAS		
DEPENDENT CLAIMS		minus 20=	•	_   x	9=		1		
AULTIPLE DEPENDENT CLAIM PR		าปกมร 3 🏚			<del></del>	·	OF XS	18=	
				7 1-	13=		OR X8	6=	1
If the difference in colu	mn 1 is less	han zero enter	'O' in and	ا ا ا	<b>45</b> ≈	. 1	OR +29	0=	7
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ST PRESENTATION OF	MI II TIBI =	Mes .	•			OR .	X\$18=		
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entry in column 1 is less than Highest Number Previously i Highest Number Previously	the entry in ent	ima o sente ene		+145=		٦٣	+290=		
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Represe Number Previously Polices Number Previously Polices (Rev. 1003)	eld For (Total o	SPACE is less the	In 3, enter 3.	ADDIT. FEE L		DR 40	TOTAL DIT. FEE		
78 (Rev. 1003)		7 - 514	A. Lean Innight 100	ind in the appr	opriate box		<b>.</b>	7	